

10/536813

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4						
5						
6						
7	1		1			
8	1		1			
9						
10						
11	1		1			
12						
13	1		1			
14	1		1			
15	1		1			
16	1		1			
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18	12		1			
19	12		1			
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50						
TOTAL IND.			3			
TOTAL DEP.			16			
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						